Section of Laryngology.

President—Dr. ANDREW WYLIE.

Dental Cyst of the Right Upper Canine.

By DAN MCKENZIE, M.D.

THE patient, a woman aged 28, came to the French Hospital with a hard, bony swelling of four months' duration on the ascending process of the right superior maxilla. A small granulation on the labial aspect of the alveolar process in front of the canine socket led by a narrow track into the heart of the tumour. The canine tooth had been removed. Chloroform was administered and the tract was opened up; a cystic distension of the bone was disclosed. The lining was removed, and the cyst cavity opened into the nasal cavity by removal of its inner bony wall. During the operation a free flushing of the right conjunctival sac with tears was observed, but it ceased with the cessation of manipulations.

Specimen Showing Invasion of Endocranium by Carcinoma of Ethmoid.

By DAN MCKENZIE, M.D., and G. SCOTT WILLIAMSON, M.D.

THE patient was a man aged 50 upon whom two operations had been performed for extensive carcinoma of the ethmoid, starting probably near the right orbital wall, as the orbit was invaded by the growth. Death from purulent meningitis followed the second operation. Post-mortem examination showed that the growth had invaded the cranial cavity through the cribriform plate and by way of the perineural lymphatics of the olfactory nerves; that is to say, by the same route as that taken by the bacteria of sepsis in meningitis arising from a nasal focus.

Pathological Report :

The dura was punctured or exposed at operation, the site is in the right fossa, adjacent to the tumour masses on the right olfactory nerve; there, a rounded mass of granulation tissue, overlain by a thin membrane, appears. This mass was not adherent to the pia; similar tissue lines the right frontal sinus, which is opened. There is no malignant growth in this granulation tissue mass and the dura limits the spread of the reaction, but apparently has allowed bacteria to filter through.

Coming to the secondary tumour within the skull, the spread is bilateral. It is progressing directly through the cribriform plates, in the lymphatics of the olfactory pad, travelling thence into the lymphatics on the superior surface of the olfactory nerves, i.e., in the pial extensions on these nerves. Running back in this tissue the growths reach the surface of the brain, just in front of the origin of the nerves, and there the growth presses upon and penetrates (not invades) the brain substance, i.e., the spread is always in the pia—the two pressure necrosis areas in the surface of the olfactory lobes are well shown. Note on the left side the mass is larger—and has become vascularized as the result of the reaction to pressure necrosis. (Note: piece of brain tissue is firmly welded to the mass.)

The instructive features of the preparation are: (1) The lymphatic pial pathway of the olfactory tract. (2) The specific limitation of this track, being clearly marked off from any tracks in the dura mater.